



Denali Commission
510 L Street, Suite 410
Anchorage, AK 99501

907.271.1414 tel
907.271.1415 fax
888.480.4321 toll free
www.denali.gov

Denali Training Fund Quarterly Progress Report

Funds for this project are provided by the USDOL and the Denali Commission and managed, in partnership, by the Alaska Department of Labor and Workforce Development.

Name of Organization: Native Village of Eyak	EN 796199
Name of Project: Asbestos Abatement Training	
Reporting Period: 03/25/09-04/14/09	(4/1/09 - 6/30/09)
Contact Person: Page Herring	
Contact Number: 907-424-7738	Email
Address: page@nveyak.org	
Expenditures to date: \$9,880.57	
Certification: I certify that the information in this report is current, correct and true and in accordance with the terms and conditions of the agreement.	
Signed by: <u>Page Herring</u> Dated <u>5/7/09</u>	

1. In a few sentences, please describe the scope of your project: **40 hour Asbestos Abatement Training**

2. Project Activities for this Reporting Period:

Describe the grant activities that happened during this report period. Include planning, advertisement and/or training performance that occurred this quarter? List any accomplishments achieved. (Attach advertisements if applicable) **Oversaw 5 day training, made copies of handouts, 8 people attended, 8 people passed and were certified as Asbestos Abatement workers**

3. Scheduled Project Activities/Important Dates for next quarter:

Describe your planned activities and training for next few months. Please include important dates like graduation, site visits, travel, job fairs, etc. **None**

4. a. How many are in your training program during this reporting period? **8**

b. How many people have been trained and/or certified to date from this grant?

8

(Please complete form below.)

5. Please list complete the list by putting the community to which each individual trained is from, the type of training and certification, the graduation date and who will employ them upon completion of training.

Community where trainee lives	Type of Training /Service	Type of Certification to be earned/earned	Dates of training	Graduation Date	Employment commitment after training is complete
Cordova	40 hour	Asbestos Abatement	3/30-4/03	4/03	B.N.C.I [contractor for USCG]
Cordova	40 hour	Asbestos Abatement	3/30-4/03	-4/03	B.N.C.I [contractor for USCG]
Cordova	40 hour	Asbestos Abatement	3/30-4/03	-4/03	B.N.C.I [contractor for USCG]
Cordova	40 hour	Asbestos Abatement	3/30-4/03	-4/03	B.N.C.I [contractor for USCG]
Cordova	40 hour	Asbestos Abatement	3/30-4/03	-4/03	B.N.C.I [contractor for USCG]
Cordova	40 hour	Asbestos Abatement	3/30-4/03	-4/03	B.N.C.I [contractor for USCG]
Cordova	40 hour	Asbestos Abatement	3/30-4/03	-4/03	B.N.C.I [contractor for USCG]
Cordova	40 hour	Asbestos Abatement	3/30-4/03	-4/03	B.N.C.I [contractor for USCG]

Please copy and use another sheet if you need more spaces.

6. Please identify any problems or changes in your training project that will affect the budget, scope or timeline of the project. Is your training on schedule? What are the reasons for any difficulties or delays? Are you over budget/under budget? Have you had to change the initial scope?

Please provide an explanation to this change and your resolution to the variance. **The project is currently under-budget and on schedule [completed]**

7. How are you or will you be evaluating the individuals being trained to ensure competency, skill level and understanding? (Testing, assessment, etc) **Satori, Inc. administered the state required test. All who attended the training passed.**

8. Please identify areas that we can assist you in the future.

Native Village of Eyak Asbestos Abatement Training Quarter ending 3/31/09

